

**MODIFICATION TO THE MARYLAND DEPARTMENT OF HEALTH
AND MENTAL HYGIENE HUMAN SERVICES FUNDING AGREEMENT**

This modification, made this ____ day of _____, 20____, modifies the Agreement made by and between _____, hereinafter called the "Vendor," and the Maryland Department of Health and Mental Hygiene, hereinafter called the "Department;" entered into on _____, and which began on _____ and is to end on _____, with Control # _____ and Award # _____, as follows:

1. The Department agrees to pay the Vendor, for the above referenced contract, an amount not to exceed \$_____, more / less over the remaining term of this contract for the purpose(s) of:

Therefore, the total not to exceed amount for this contract is now \$_____. The effective date of this modification is _____.

2. All of the provisions cited in the original Agreement apply to this modification as well.
3. Both parties agree that the documents listed below are hereby incorporated into this Award and made an integral part thereof:

Title

Number of Pages

DHMH Form 432 dated _____

Award Letter

Program Narrative

In witness whereof, the parties hereto have set their hands and seals:

Signatory for the Vendor

Signatory for the Department

BY:

Signature

Name - (print)

Title

Date

Attest:

BY:

Signature

Name - (print)

Title

Date

Attest:

This modification to the Maryland DHMH Human Services Funding Agreement has been approved for legal sufficiency by the Office of the Attorney General. The original approved document is on file in the Division of Contracts.